



### Authorized Individual Information and Direction

**Account Number**

**Name of Client** (*grantor, estate, trust, etc.*)

**Name of Authorizing Document** (*power of attorney, last will, trust agreement, probate, guardianship order, etc.*)

#### Instructions

- Where the Authorizing Document allows the persons authorized to give instructions on an account in the name of the above-noted Client to appoint any one of them to act on behalf of the others, and such persons desire to make such an appointment, complete Section A and B of this form.
- Complete Section B for each individual authorized to give instructions on an account in the name of the above-noted Client.

#### Section A

The undersigned (the "Authorized Individuals") are (choose **one** of the following):

Powers of Attorney    Executors\*    Guardians    Trustees    Members of Management Committees

\*For Quebec purposes: Liquidators

The Authorized Individuals, appointed on \_\_\_\_\_ pursuant to the  
Insert date

Insert name of Authorizing Document

of \_\_\_\_\_,  
Insert name of appointee, e.g. individual, corporation, guardian, settlor, etc.

hereby authorize and direct CIBC Investor Services to accept instructions with respect to the above-noted account(s) from any one of the Authorized Individuals acting alone.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The Authorized Individuals represent and warrant to CIBC Investor Services that, notwithstanding the foregoing direction, the Authorized Individuals (and not CIBC Investor Services) shall be solely responsible for ensuring that the decision-making processes in respect of the Account are effected in compliance with the Authorizing Document. All instruments and documents that are signed or endorsed, and all instructions that are given, in accordance with this agreement will be considered to have been signed, endorsed or given by all of the Authorized Individuals.

The Authorized Individuals agree, jointly and severally (solidarily in Quebec), to indemnify and save CIBC Investor Services harmless from and against any loss, claim, damage, liability and expense (including legal costs and disbursements) resulting from any claim against CIBC Investor Services which in any way arises from or relates to the Account, or any action or omission by CIBC Investor Services with respect thereto or with respect to any monies, securities or other property credited thereto or any other action or omission by CIBC Investor Services acting pursuant to the direction contained herein.

#### Section B

For this account there are \_\_\_\_\_ Authorized Individuals.

Complete the appropriate fields below for all individuals authorized to give instructions on an Account in the name of the above-noted Client.

The Authorized Individual(s) consents that CIBC Investor Services may collect, use and disclose information provided about the Authorized Individual(s) to verify the Authorized Individual's identity, to protect against fraud and error and to comply with legal and regulatory requirements. If the Authorized Individual(s) revokes this consent the Authorized Individual's authority in respect of the Account will be terminated.

Where the Authorized Individual(s) is/are acting as Attorney(s), the Attorney(s) accept the appointment of Attorney, and understand the duties and obligations under the Power of Attorney and under applicable laws. The Attorney(s) acknowledge(s) that the Attorney(s) have a fiduciary duty to always act in the best interest of the Client, and that unless the Power of Attorney and applicable law specifically allows, the Attorney(s) cannot make the Client's assets joint with the Attorney(s), or use the Power of

**Section B (continued)**

Attorney for the Client's estate planning, including but not limited to, the opening of accounts identifying a beneficiary or changing a beneficiary.

The Attorney(s) acknowledge that CIBC Investor Services has no duty or obligation to monitor or inquire into the Attorney(s) conduct, but that CIBC Investor Services may, however, in its sole discretion, before proceeding, seek ratification from the Client of any act of the Attorney(s), may require court or other documentation, or may refuse to deal with the Attorney(s). CIBC Investor Services may refuse or limit the Attorney(s) access to the Client's accounts if CIBC Investor Services has reasonable grounds to believe the Attorney(s) did or may commit fraud, use the Client's accounts for any unlawful or improper purpose, cause a loss to CIBC Investor Services, operate a Client's accounts in a manner unsatisfactory to CIBC Investor Services or contrary to CIBC Investor Services policies, or violate the terms of the Power of Attorney or any agreements applicable to the Client's accounts. In consideration of CIBC Investor Services accepting the Power of Attorney and applying the Power of Attorney to the Client's accounts with CIBC Investor Services, subject to applicable law, the undersigned Attorney(s) will indemnify CIBC Investor Services, its directors, officers, employees, agents, successors, administrators and assigns harmless against, and the Attorney(s) will pay promptly on demand, any loss, liability and expense (including any legal costs) CIBC Investor Services incurs or may be under or any claim made against CIBC Investor Services which relate in any way to CIBC Investor Services accepting the Power of Attorney and/or the actions of the Attorney(s) under the Power of Attorney. It is also understood and agreed that if there are more than one Attorneys, this acknowledgement and indemnity shall be binding upon each of the Attorneys jointly and severally (solidarily in Quebec) and on their successors, heirs and assigns.

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**IIROC Registered Advisors Only**

I confirm that I have completed a suitability review on the account associated with this request.

X

\_\_\_\_\_  
Signature of IIROC Registered Advisor

Account Number

Authorized Individual Information and Direction

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### Authorized Individual

Legal Name

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Preferred Name

---

Address

---

City

Province/Foreign Information

Country

Postal Code

---

Date of Birth (mm/dd/yyyy)

Primary Telephone Number

Relationship to Account Holder

---

Email Address

---

---

### Authorized Individual's Employment Information

Employer's Name

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Type of Business

---

Occupation

---

Address

---

City

Province/Foreign Information

Country

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Are you, your spouse, any person(s) living in the same home, trading authority, or anyone who exercises influence on this account an Investment Industry Professional?  Yes  No

Are you an insider of a reporting issuer or any other issuer whose securities are publicly traded?  Yes  No

If Yes, list below

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Do you alone or as part of a group hold more than 20% or have a control block of a reporting issuer or any other issuer whose securities are publicly traded?  Yes  No

If Yes, list below

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### Primary Financial Institution - Required only if client's identification was not verified at the Banking Centre.

Financial Institution

Bank Transit

Bank Account Number

Financial Institution Contact Name

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### Authorization

The undersigned Authorized Individual confirms, understands and agrees to the agreements set out in Section A (if applicable) and Section B. The agreements may be executed by the parties in separate counterparts, each of which shall be deemed to constitute an original, but all of which together shall constitute one and the same agreement.

\_\_\_\_\_  
Date (mm/dd/yyyy)

X \_\_\_\_\_  
Signature

Account Number

Authorized Individual Information and Direction

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### Authorized Individual

Legal Name

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Preferred Name

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Address

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City

Province/Foreign Information

Country

Postal Code

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Date of Birth (mm/dd/yyyy)

Primary Telephone Number

Relationship to Account Holder

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Email Address

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### Authorized Individual's Employment Information

Employer's Name

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Type of Business

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Occupation

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Address

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City

Province/Foreign Information

Country

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Yes

No

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Bank Transit

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Date (mm/dd/yyyy)

X

\_\_\_\_\_  
Signature

Account Number

Authorized Individual Information and Direction

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### Authorized Individual

Legal Name

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Preferred Name

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Address

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City

Province/Foreign Information

Country

Postal Code

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Employer's Name

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Type of Business

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Occupation

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Address

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City

Province/Foreign Information

Country

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Financial Institution

Bank Transit

Bank Account Number

Financial Institution Contact Name

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### Authorization

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\_\_\_\_\_  
Date (mm/dd/yyyy)

X

\_\_\_\_\_  
Signature

Account Number

Authorized Individual Information and Direction

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### Authorized Individual

Legal Name

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Preferred Name

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Address

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City

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Province/Foreign Information

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Primary Telephone Number

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Relationship to Account Holder

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Email Address

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Employer's Name

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Type of Business

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Occupation

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Address

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Province/Foreign Information

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If Yes, list below

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Financial Institution

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Bank Transit

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Bank Account Number

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Financial Institution Contact Name

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### Authorization

The undersigned Authorized Individual confirms, understands and agrees to the agreements set out in Section A (if applicable) and Section B. The agreements may be executed by the parties in separate counterparts, each of which shall be deemed to constitute an original, but all of which together shall constitute one and the same agreement.

\_\_\_\_\_  
Date (mm/dd/yyyy)

X

\_\_\_\_\_  
Signature